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## APPLICANTS

Wayne Sims, Tiskilwa, IL;

\*\* CONTINUING DATA \*\*\*\*\*

None KMC

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

None KMC

IF REQUIRED, FOREIGN FILING LICENSE \*\* SMALL ENTITY \*\*  
 GRANTED

\*\* 08/03/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR  COUNTRY IL	SHEETS  DRAWING 2	TOTAL CLAIMS 1	INDE  (
Examiner's Signature	Initials				

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## TITLE

Arm/shoulder brace for shoulder subluxation

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